

Workmen's Compensation

Details of Medical Reports

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UNDER THE CALIFORNIA SYSTEM of workmen's compensation, the computation of permanent disability ratings is reposed entirely in the Industrial Accident Commission, and is delegated by the commission to one of its departments known as the Permanent Disability Rating Bureau. This bureau computes all ratings according to the commission's own rules and precedents, and its accumulated knowledge of occupational requirements, effects of age variations, and effects of competitive handicaps on earning capacity.

The computation of ratings must be based upon available information, principally medical in character. In the majority of cases, this medical information must be in the form of reports from the physicians familiar with the facts. In order that the commission may rate intelligently, these medical reports must be complete and understandable. The report should convey a mental picture of what the physician himself sees, and what he finds in the way of working function, so that others—physicians, commission officials, attorneys, claim examiners, and also the injured workman—can visualize what disability is to be rated. The report should avoid a usurpation of the commission's prerogative of determining the percentage of permanent disability. Ratings are based upon total permanent disability, and not upon the part of the body injured. Thus 100 per cent loss of use of an arm may be only 55 per cent of total permanent disability.

In addition to clarity and completeness of reports, an effective rating system requires a uniformity of terminology and a standardization of the approach to reporting of permanent disabilities. As an aid to efficient and uniform disability rating, the Industrial Accident Commission through its medical bureau early sought to educate the medical profession in the making of complete, concise and uniform reports, and in the use of uniform terminology. Members of the medical profession generally have also sought from time to time to devise rules for standard and uniform reporting of the end results of industrial injuries. The following presentation sets forth the methods of medical examination and report which the commission prefers be used in supplying information for permanent disability rating purposes.

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- Attention to details of medical reporting that are required for just settlement of compensation cases can greatly facilitate proper adjudication.

FACTORS OF PERMANENT DISABILITY THAT ARE RATABLE

In a general sense, ratable permanent disability factors include every deviation from a normal condition caused or brought about by an injury, either directly or indirectly, and especially those deviations which interfere with normal function or cause any actual or competitive handicap in a working capacity. The following items, while not intended as a complete list, include most reportable disability factors: Amputation, or loss of member or special sense; limitations of motion; atrophy and muscle weakness; swelling, edema and phlebitis; deformities; angulations; sensory changes; impaired motor nerve functions; circulatory changes, lack of endurance; pain tenderness and soreness; scars.

The disabilities described by the reporting physician should include all disabilities arising from the injury in question. As an aid in obtaining a clear picture of what compensable disability should be expected, the report should describe the nature and extent of the original injury (including x-ray findings); the nature of the treatment employed, with a statement of any operations performed and the results; the nature and degree of any complications which may have arisen to delay repair; the nature of any previous disability or deformity; any complications by reason of venereal, tuberculous or other infection, or by alcoholism; the temperament of the patient, and any evidence of hysteria, neurasthenia or hypochondria.

The report of permanent disability findings should not be prepared until such time as the physician in charge of the case concludes that it has reached a permanent stage or that no further improvement or retrogression is to be expected from either further surgical or physiotherapeutic measures. The final report should be completed by the attending physician, where practicable. It should be made without any unnecessary delay after a substantially fixed condition has been reached in the progress of the patient.¹

MEDICAL EVALUATION OF DISABILITY

Temporary Disability: A physical handicap due to industrial injury, involving wage loss and in which on the basis of medical opinion maximum improvement or regression has not occurred. The condition is not permanent and stationary.

- A. *Temporary total disability.* There is no capacity for earning in available industrial employment. Further improvement or regression is expected.
- B. *Temporary partial disability.* There is a capacity to do some work but on a wage loss basis.

Permanent Disability: The disability which remains after medical opinion believes maximum improvement or regression has occurred. When the condition becomes permanent and stationary.

- A. *Medical benefits in relation to permanent disability.* Medical benefits may still be necessary even though the condition has become permanent and stationary.

Example:

- 1. The renewal and maintenance of prosthesis.
- 2. Nursing care in the case of a helpless patient.
- 3. Dilation of the urethra after injury to urethra.

- B. *Factor of permanent disability.* The several individual disabling conditions which go to make up the patient's disability are known as Factors of Permanent Disability. Without knowing just what the factors are, accurate rating is difficult or impossible. The rating is based on the factors of Permanent Disability. The Commission Referee determines the factors of Permanent Disability in formal cases. How are they determined by the referee?

In most cases they are determined on basis of medical reports, made after a careful examination in which the disability is evaluated by the examining physician.

Medical Examinations (for evaluation of disability)

A. Complete for evaluation of:

- 1. Status of case.
- 2. All factors of Permanent Disability due to injury.
- 3. Need of future medical care.

B. Uniformity in examinations is essential:

- 1. To obtain uniform description of Factors.
- 2. To include all the disability.
- 3. To avoid delays due to:
 - a. Reexamination.
 - b. Conflicts in medical opinions arising out of different methods of measurements.

C. Establishment of standard method.

- 1. 1948 California Medical Association set up a subcommittee to study problem.
- 2. 1950 subcommittee report published in book form:
 - a. Book, "Evaluation of Industrial Disability."²
 - b. Industrial Accident Commission approved book and method.
 - c. Standard method is now a requirement in industrial cases.
 - d. Commission's Medical Bureau uses approved method.

Examination as Done in Medical Bureau

A carpenter with a fracture of neck of femur is being examined.

A. History.

- 1. Injury.
 - a. Type of fracture: intrascapular? extracapsular? displaced? compound? comminuted? soft tissue injury?
- 2. Treatment.
 - a. Open or closed reduction?
 - b. Pin or plate used?
 - c. Period of immobilization?
 - d. Capability of operating surgeon?
- 3. Complications.
 - a. Infection?
 - b. Malunion? Nonunion?
 - c. Subsequent surgery?
 - d. Thrombophlebitis?
 - e. Pneumonia? Penicillin reaction, etc.
 - f. Traumatic arthritis?
- 4. Preexisting disability.
 - a. Prior injury?
 - b. Disabling arthritis?

B. Subjective complaints given by patient.

- 1. Pain: Character, degree, location, frequency, what relieves the pain, etc.
- 2. Numbness, tingling, sensitivity to cold, etc.
- 3. Manner in which complaints limit the ability to work.
 - a. How far can he walk?
 - b. How much can he lift?
 - c. Can he use ladder?
 - d. Can he walk on rough ground?
 - e. Can he work on pitched roofs?
 - f. Can he work all day without rest?

C. Findings on Examination.

- 1. General findings:
 - a. Ability to rise on toes on heels.
 - b. Is a brace necessary? Crutch? Cane?
 - c. Is surgical scar well healed? Infection?
 - d. Deformity? Swelling? Tenderness?

- e. Evidence of thrombophlebitis?
Impaired arterial flow?
- f. Evidence of nerve injury? Foot drop?
- g. Reflexes changes? Sensory changes?
- h. Fracture: Is union solid—x-ray and clinical? Is metallic fixation still present?
- i. Muscle spasm.

D. Evaluation.

After completion of the examination, the examiner must evaluate the entire medical problem involved, in order that the Referee may make fair decision.

Evaluation is based on:

- 1. Type of injury.
- 2. Treatment, period of immobilization, etc.
- 3. Complications.
- 4. Complaints.
- 5. Findings.

Any conflicts of medical opinion in the record must be resolved if necessary for making evaluation.

Medical Reports

- A. *There are certain vital points which must be covered in every report. Otherwise, reexamination will almost always be necessary. These are:*

- a. Status of the case.
- b. Factors of permanent disability.
- c. Need of further medical care.

The use of a standard form of medical report has many advantages. The form used by the Commission's Medical Bureau is a semi-outline form of report. The advantages are:

- a. Short and concise.
- b. Examiner less apt to omit vital points.
- c. Tends to discourage long-winded discussions.
- d. Discourage vague and indefinite statements.

- B. *Format of Medical Bureau Report:*

- 1. History (usually omitted).
- 2. Subjective complaints.
- 3. Findings on examination.
- 4. Discussion and opinion.

The subjective complaints given by the patient are evaluated as to whether or not they are actually disabling and are result of injury. The following are the points which must be covered in every report:

- a. Is there disability which is probably the result of injury claimed?
- b. If so, is it
 - Temporary total?
 - Temporary partial? (If so, give ability to work)
 - Permanent and stationary for rating?

- c. If permanent and stationary for rating, then describe:

Factors of permanent disability which are a result of injury.

Factors to which the injury was an aggravating or contributing cause.

Preexisting disability.

- d. Is further medical treatment necessary to cure or relieve the effects of injury?

- e. If so, what type of treatment is necessary?

Medical examinations of industrial injuries are somewhat different from examinations for other purposes such as pre-employment examination or life insurance examinations, because they are primarily written for laymen; judges, attorneys, insurance claims adjustors and the injured parties.

Their importance lies in the fact that they are the source and sometimes the only source from which permanent disability factors are determined; and the permanent disability factors to be defined later in turn decide the rating in dollars and cents which the insurance carrier is called upon to pay and the applicant is entitled to receive.

The usual medical file on a case of industrial injury should contain the first report of injury which should list *all* the injuries received by the applicant in any given accident, the progress reports from month to month, the operative report if surgery was performed, x-ray reports and laboratory reports. Lastly, and this is most important, the final report of residual or permanent disability resulting from the injury sustained with an opinion as to apportionment if there is prior injury or disease present.

In conclusion, the following rules should be kept in mind:

As a general rule,

- 1. Temporary disability cannot be apportioned.
- 2. Preexisting pathology which *did not* cause disability cannot be apportioned because industry takes an employee as it finds him; however, a preexisting disability, as distinguished from a nondisabling pathological condition, can be apportioned.
- 3. Probabilities only should be considered in compiling a medical report, not possibilities. The latter may have a place in differential diagnoses, but not in evaluation of disability and only tend to confuse the issues involved.

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REFERENCES

- 1. Haggard, Robert E.: How to examine for disability rating purposes. Hanna, Warren L.: Industrial accident commission practice and procedure, 1943.
- 2. Thurber, Packard, Sr., M.D.: Evaluation of industrial disability, Oxford University Press, 1950.